Case 3:06-cv-00977-	MEF-TFM Document 5	Filed 11	/17/2006	Page 1 c		v
	SENDER: COMPLETE THIS SECTION	N		IIS SECTION OF	V DELIVER	
	Complete items 1, 2, and 3. Also coitem 4 if Restricted Delivery is desire Print your name and address on the so that we can return the card to you Attach this card to the back of the ror on the front if space permits. 1. Article Addressed to: Manyfold Mastra Complete items 1, 2, and 3. Also coitem 4. Also coitem 5. Also coitem 6.	ed. reverse u. nailpiece,	D. Is delivery an If YES, enter	delivery address	rom item 1? as below:	∐ No
	401 Willow Med 1622 Tallgin 36	832	3. Service Typ Certified Register Insured 4. Restricted	Mail DExpr	D.	for Merchandise
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X			
aubun, H. 36832	3. Service Type Certified Mail			
2. Article Number 700L (Transfer from service label)	0100 0001 1605 4944			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540